

h16000 217668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

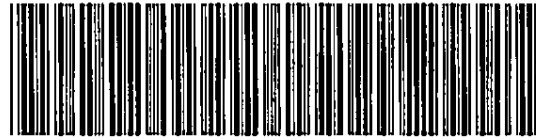
(Business Entity Name)

(Document Number)

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22 AUG 11 AM 6:54  
STATE OF OHIO  
DIVISION OF CORPORATION

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Solid USA Consulting LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvonne Pena

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3828 Emerald Estates Circle

\_\_\_\_\_  
Address

Apopka FL 32703

\_\_\_\_\_  
City/State and Zip Code

pena1797@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucas Pamplona

412

515-6384

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 AUG 11 AM 6:54  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Coran M. De Souza	1943 Tourmaline Drive	<input type="checkbox"/> Add
		Kissimmee FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF STATE REGISTRATION  
 22 AUG 1 11:06:54  
 ADD REMOVE CHANGE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

22 AUG 11 AM 6:54  
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: 7/22/2022 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7/22/2022

Signature of a member or authorized representative of a member

Lucas Pamplona

Typed or printed name of signee